

EDUCATION				
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School	Name _____ City/State _____ Phone _____ (if known)			
Business/ Trade/ Technical	Name _____ City/State _____ Phone _____ (if known)			
College	Name _____ City/State _____ Phone _____ (if known)			
Graduate	Name _____ City/State _____ Phone _____ (if known)			

ADDITIONAL TRAINING (Seminars, Professional Memberships, Workshops, Apprenticeships)

SKILLS (List other special skills – languages, machine operation, computer, licenses, certificates, etc. – relevant to the position for which you are applying.) _____

EMPLOYMENT

Please give accurate, complete employment record. Include full-time, part-time, self-employment, volunteer, seasonal and temporary positions. Start with your present or most recent employer. Please complete even if you are attaching a resume.

Employer _____	Position Title _____
Address _____	From (Mo/Yr) _____ To (Mo/Yr) _____
_____	Phone (_____) _____
Supervisor _____	Salary - Starting _____ Ending _____
Job Duties _____	_____
Reason for Leaving _____	_____
May we contact this employer? _____	YES or NO _____ If No, please state reason _____
_____	_____

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_____	_____

REFERENCES

List name, address, and telephone number for three references.
Do not list relatives.

1. _____

2. _____

3. _____

Please read these sections carefully and **sign**.

VOLUNTEER AGREEMENT

I declare that the statements in this application are true and falsification of any fact will be the basis for refusal to volunteer or sponsor as an intern or, if sponsored, of immediate termination. I agree that my relationship is subject to the results of reference checks and/or employment verifications.

I understand and agree that nothing contained in this application form or the Company's policy handbook, or in other rules, regulations, or policies, nor any practice, should be interpreted as creating a contract. (Copies of the handbook and other information may be received after voluntary experience begins.) I further understand that if I am sponsored, for any reason, both the Company and I have the right to discontinue the relationship at any time and without prior notice. I also acknowledge that this relationship is an UNPAID relationship.

Signature *(to be signed in ink)*

Date

AUTHORIZATION FOR REFERENCE REQUESTS

I have applied with Communication Service for the Deaf (CSD) for an internship and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Print Name

Signature *(to be signed in ink)*

Date

VOLUNTARY INFORMATION

THIS INFORMATION IS KEPT SEPARATE FROM YOUR APPLICATION AND IS NOT CONSIDERED DURING OUR SCREENING PROCESS. IT IS USED FOR EQUAL OPPORTUNITY REPORTING.

INSTRUCTIONS

The policy and intent of CSD is to provide equal employment opportunity for all persons regardless of race, color, creed, religion, national origin, marital status, disability, sex, age, or status with regard to public assistance.

This information will be used to determine the effectiveness of our recruiting efforts in reaching all segments of the population and in validation of our selection methods.

Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the selection of employees for CSD.

NAME _____ DATE _____

POSITION APPLIED FOR _____

Which sex are you? _____ MALE _____ FEMALE

Of the following, which racial/ethnic group do you consider yourself?

- _____ American Indian or Alaskan Native
- _____ Black (Non-Hispanic Origin)
- _____ Hispanic
- _____ White (Non-Hispanic Origin)
- _____ Asian or Pacific Islander

Do you consider yourself to be disabled? _____ YES _____ NO

Disabled means any person who has a physical or mental impairment that materially limits one or more major life activities (performing manual tasks, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such an impairment.

How did you learn about this job? (Check as many that apply.)

- _____ Newspaper Help Wanted Ad (*please list*) _____
- _____ State Employment Service
- _____ Radio
- _____ TV
- _____ College or Business/Trade/Technical School (*please list*) _____
- _____ Outdoor Sign
- _____ Walk-in/Call
- _____ Name of CSD Employee Who Referred You To Us _____
- _____ Other Source (*please list*) _____

If you are contacted for an interview, will you need any accessible services? _____ YES _____ NO

If Yes, please specify _____

Thank you for your assistance.